DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington

To: Adult Day Health
Managed Care Plans

Memorandum No: 03-81 MAA
Issued: September 25, 2003

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Supersedes: 03-25 MAA

Subject: Adult Day Health: HIPAA Procedure Code Conversions

Effective for dates of service on and after October 16, 2003, MAA will discontinue all state-unique procedure codes and replace the procedure codes according to the instructions in this memorandum.

What is changing?

- MAA no longer requires the billing of separate codes based on client age or county where the provider is located. Reimbursement however, will be based on county.
- Bill MAA for Adult Day Health per diem rates using HCPCS procedure code S5102 with modifier TG. These per diem rates are by county.
- Bill MAA for Adult Day Health intake and evaluation using HCPCS procedure code T1023 and modifier HT.

Billing Instructions Replacement Page

Attached is replacement page 13/14 for MAA's Adult Day Health Billing Instructions, dated April 2000 reflecting the above changes including the appropriate procedure codes to use.

Updated Billing Instructions

MAA and the Aging and Disability Services Administration are currently in the process of updating the Adult Day Health Billing Instructions to reflect recent updates to WAC 388-71-0702 through 0776. Providers will be notified by postcard when the updated billing instructions are available for viewing and downloading from MAA's website.

Resumption of services

- A new intake is not necessary when a person returns to an ADH provider after a break in service.

- In the event there is a break in service delivery, the ADH provider will obtain a current medical report from the client's attending physician. The multidisciplinary team will then reevaluate and adjust the most recent service plan to reflect the client's current needs.

Note:	An update of information would be appropriate regardless of the reason for the break in service (e.g, client hospitalization; vacation; temporary change in living status; etc.)

Fee Schedule

Use the following HCPCS procedure codes with appropriate modifier when billing for Adult Day Health services. Send your HCFA-1500 claim forms to the MAA address listed in the Important Contacts section.

The maximum allowable amounts listed below are predetermined and do not include transportation. Certified providers must arrange for transportation for Title XIX clients with the contracted MAA transportation brokers, provide the transportation themselves, or utilize other options.

Discontinued State-Unique Procedure Code	New Procedure Code	Modifier	Description of Service	Maximum Allowable 7/1/02
0801H 0802H	T1023	HT	Adult Day Health intake evaluation performed by a multidisciplinary team	$89.38
0803H 0804H 0805H 0806H 0807H 0808H	S5102	TG	Adult Day Health services, per day	See Fee Table Below

Billed Adult Day Health per diem rates using HCPCS code S5102 with modifier TG. These per diem rates are reimbursed by county as follows:

County	7/1/02 Max. Allowable Daily Rate	County	7/1/02 Max. Allowable Daily Rate	County	7/1/02 Max. Allowable Daily Rate	County	7/1/02 Max. Allowable Daily Rate
Benton	$43.06	King	$47.48	Snohomish	$43.06	Whatcom	$43.06
Clark	$43.06	Kitsap	$43.06	Spokane	$43.06	Yakima	$43.06
Franklin	$43.06	Pierce	$43.06	Thurston	$43.06	Others (not prev. listed)	$40.68

Key to Modifiers:

HT = Multi-disciplinary team
TG = Complex/high tech level of care